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MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

March 10, 2011

Present: Nancy Black, Dave Bullins, Nancy Carey, Pamela Chevalier, Gladys Christian, Frank Edwards, Sue Guy, Libby Jones, Laura Keeney, Ron Kendrick, Mark Long, Carol Messina, Paul Russ, Rosemary Weaver and Amelia Thorpe.

Absent: Kathy Crocker, Carl Noyes, and Glenda Woodson.

Resigned: Zack Commander, Virginia Hill, and Renee Sisk.

Staff Present: Jim Jarrard, Stuart Berde, Andy Raby, Cathy Kocian, Eric Fox, Emery Cowan, .Glenda Stokes and Rose Burnette.

Guests Present: Bob Carey, Maxie Davis, Kent Earnhardt, Fred Johnson, Gerri Smith, and Robin Snead.

Presenter & Topic	Discussion	Action
Welcome: Rosemary Weaver, SCFAC Chair	<ul style="list-style-type: none"> • The meeting was called to order at 9:00 AM. • Rosemary Weaver acknowledged the SCFAC resignation of Zack Commander, Renee Sisk and Virginia Hill. 	<p>The agenda was approved.</p> <p>Sue Guy made a motion to approve the January 2011 minutes (Frank Edwards 2nd) and the minutes were approved as written.</p>
Public Comment/Issues	<ul style="list-style-type: none"> • Marc Jacques, Wake County CFAC, addressed SCFAC with concerns regarding the service delivery in Wake County pertaining to medication issues. However, Stuart Berde's staff in Advocacy and Customer Service assisted the individual with access to medication. Ron Kendrick asked Stuart Berde to look into any systemic issues with CABHAs that would be of general interest to CFACs. Rosemary Weaver asked Marc Jacques to have the Wake CFAC submit a letter to the SCFAC with specific concerns. • Nancy Carey commented on the legislation and they are considering cuts to Administration. Nancy stated that they don't understand when Administration is cut there are less people working in and around the community. The people who bare the strain are the consumers. 	
Supports Intensity Scale (SIS) Robin Snead, LCSW Rose Burnette	<ul style="list-style-type: none"> • Robin Snead, Developmental Disabilities Training Institute (DDTI) UNC School of Social Work presented SCFAC members with information on the Supports Intensity Scale (SIS). The SIS is a tool designed to measure an adult with intellectual and/or developmental disabilities (age 16 years and older) intensity of need for supports to participate fully in community life. • What is the SIS: <ul style="list-style-type: none"> ○ An assessment that focuses on what supports re needed by a person to lead an independent life. 	<p>Robin Snead will send Cathy Kocian the list of states/countries using the SIS, along with the SIS Interview Form.</p>

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	<ul style="list-style-type: none"> ○ It is NOT deficit based. ○ It is Objective- the SIS measures the frequency, amount and types of support that are needed. ○ It is comprehensive and looks at 57 items in 7 life areas and 28 items in the medical and behavioral area. ○ It's a reliable and valid tool that is currently being used in 14 other states as well as internationally. • The SIS was developed over a five year period by a team of experts from the American Association on Intellectual and Developmental Disabilities (AAIDD). It is used to help the Person-Centered Planning (PCP) Team in developing supports for a person to live successfully. It does not replace the NC SNAP or PCP. Dave Bullins stated PBH refers to "categories" to identify needs, and he will see if he can obtain the <i>Support Need Matrix</i> that was just approved. • Nancy Black wanted to know how much difference there is between the SIS and the current process. Robin Snead advised that an independent practitioner is gathering much more comprehensive information to use to develop the PCP during the two hour interview. • Monitoring tools are just being developed, and there are presently fifteen examiners across the state. Examiner qualifications include: licensed in the field of Psychology (LP or LPA) or Social Work (LCSW) with experience in the field. All of the examiners are independent of the support team and are not working for any provider who is currently involved in the individual's life. The SIS looks at an individual's potential versus deficiencies. 	<p>SCFAC would like to have feedback from the seven local CFACs (SMC, Durham, Mecklenburg, ECBH, 5 County, Guilford, and Sandhills) on their experience with the SIS pilot project. It was suggested to have the SCFAC to LCFAC Interface Task Team address this on a future conference call agenda.</p>
<p>NCcareLINK Andy Raby</p>	<ul style="list-style-type: none"> • Andy Raby, DHHS Data Manager, presented information on NC CARE-LINE which is an Information and referral toll free phone line for DHHS. Presently, there are ten Information and Referral Specialists employed to take calls Monday-Friday 8-5pm. On average, they handle 900-1000 calls a day and in fiscal year 2009-2010 NC CARE-LINE staff answered over 220,000 calls. The staff is also trained to handle Suicide Prevention calls. Direct all calls to NC CARE-LINE by calling 800-662-7030. • NCcareLINK is a collaboration of 20 geographic hubs and serves as the State's comprehensive health and human services web site https://www.nccarelink.gov. This website provides up-to-date information about programs and services across North Carolina for families, seniors, youths and everyone in-between. It is a collaborative effort of the North Carolina Department of Health and Human Services and many other government and non-profit information and referral stakeholders across North Carolina. • NCcareLINK has a database consisting of over 7,000 individual 	

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	<p>providers and 23,000 individual services. Searches can be done using county, city, address and keywords (there is a list of over 800 issues). Citizens have the ability to sign in with their own user ID and password and save information for future reference.</p> <ul style="list-style-type: none"> • SCFAC members were asked to go into the website and make recommendations on the site. 	<p>Rosemary Weaver asked SCFAC members to submit their feedback and recommendations on the NCcareLINK website.</p>
<p>Discussion with Division Leadership Jim Jarrard</p>	<ul style="list-style-type: none"> • Jim Jarrard, Deputy Director, met with SCFAC members to provide an update and answer questions. Today there are 194 existing CABHAs and the CABHA application process is almost finished. The Division only has about 25-30 applications left to complete. The CABHA Regional meetings went very well and the dialogue was good for all interested parties. Only CABHAs can provide the following services: <ul style="list-style-type: none"> ○ Intensive In Home (IIH) ○ Community Support Team (CST) ○ Developmental Day Treatment (DDT) ○ Case Management (CM) ○ Peer Support Services is an optional service (PSS) • According to CABHA rules, a non psychiatrist is allowed to be the Medical Director if the regional area can't provide CABHA services due to availability of psychiatrists. There are advantages to a non psychiatric Medical Director because they are more experienced with integrated health care. The rules require a minimum of 8 hours as a Medical Director and they may not do direct services during this time frame. Many psychiatrists serving in the private sector are now serving in the public sector. The Division is committed to the success of CABHAs, and believes that CABHAs will raise the bar for clinical services across the state. • Today, there are 121 identified community hospital beds utilizing the 3 Way Contracts. The Division has requested expansion funding in the amount of \$9 million to increase the number of beds. • There is no news on the Legislative Oversight Committee (LOC) configuration, and Jim Jarrard mentioned that he has not yet heard if there will/won't be a LOC in the future. The LOC does not meet during session, but the DHHS Appropriations Committee is meeting to discuss current budget issues. • Several proposals have been presented to decrease the number of LMEs. The Division is focusing on the implementation of 1915 b/c Waiver sites, and Pam Shipman (PBH) recognized grounded public agencies can be a good agency. Currently, there is language that limits the expansion of LMEs but if the language proposed passes then PBH will be allowed to expand. The Fiscal Research Division Staff proposed that LMEs have less administrative costs, 	

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	<p>and referenced the Mercer report. Frank Edwards mentioned the upcoming March 16, 2011 SCFAC and LCFAC conference call regarding the agenda item to discuss the number of decreasing LMEs and how this will affect CFACs and consumers. Nancy Black stated 7 LMEs are talking about a merger and there needs to be CFAC, consumer and family input from the beginning. It was suggested that the LMEs have a checklist that includes input and involvement from the local CFACs.</p> <ul style="list-style-type: none"> • Jim commented on the Governor's budget and the MH Trust fund was allotted a one time non-recurring \$75 million, that will be overseen by the state. • SCFAC members had concerns on the Fund Balance given that some LMEs have larger fund balances than others. When 2 LMEs merge, the fund balance gets larger because they consolidate. Jim mentioned that two suggestions have been made to the LMEs regarding fund balance: <ol style="list-style-type: none"> 1. Keep paying providers especially when the state doesn't have the cash flow to pay them (then put the money back in once paid). 2. Use the money for creative non-Medicaid and start up services. <p>Nancy Black requested that the conference calls with the LMEs include discussion on:</p> <ul style="list-style-type: none"> ◦ What is the LMEs fund balance? ◦ Are they using their fund balances to cover the provider payments? ◦ Is the fund balance being used to create new services? ◦ If new services were created, are they moving toward evidence based best practices? <ul style="list-style-type: none"> • The Division's Quality Management Section is developing a Provider Performance Report (PPR). Jim suggested that Nancy Carey contact Shealy Thompson and make her recommendations on the new form. • Stuart Berde mentioned that the LMEs receive a portion of their administrative funds to perform required functions. The state has asked the LMEs how they provide the required functions, for example the Customer Service Office: <ul style="list-style-type: none"> ◦ Staffing the local CFACs ◦ Responding to complaints ◦ Consumer education • Jim suggested that the SCFAC members call on the staff in Advocacy and Customer Service Section for assistance. There was discussion on the recommended reductions at the State level, and there has been discussion on eliminating Advocates in the State Facilities and the Community. 	
SCFAC Newsletter	<ul style="list-style-type: none"> • SCFAC members discussed the final draft and decided to include the current SCFAC map on the very last page. The newsletter will be distributed to: <ul style="list-style-type: none"> ◦ The General Assembly 	

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	<ul style="list-style-type: none"> ○ DMH/DMA staff ○ Local CFACs and LME Liaisons ○ Post the newsletter on the SCFAC webpage <ul style="list-style-type: none"> • One topic to consider for future newsletters would be an article on the importance of developing relationships with local Representatives and Senators. • Frank Edwards motions (Carol Messina 2nd) that Rosemary Weaver makes the final approval with changes and then gives the okay for distribution as approved by SCFAC. Motion passed unanimously. 	
Budget Task Team	<ul style="list-style-type: none"> • Nancy Carey motioned (Gladys Christian 2nd) that SCFAC draft a letter addressing the need to not cut State Facility advocates, Advocacy and Customer Service and Community Advocates. The motions passed unanimously. • The budget letter will address the need for maintaining MH/DD/SA services in two specific areas: <ol style="list-style-type: none"> 1. No cuts to advocates in State facilities, ACS, and in the community. 2. Lower costs associated with Assertive Community Treatment Teams (ACTT) versus Emergency Room care. Plus, there are long term effects from utilizing ACTT. 	Nancy Black, Budget Task Team Chair, will draft a letter highlighting the necessity of the advocates in State facilities, ACS, and in the community.
Plans Task Team	<ul style="list-style-type: none"> • Paul Russ agreed to take over the Chair position for this task team. Prior to the May SCFAC meeting, he will connect with Rebecca Carina to discuss the State's 2010-2013 Strategic Plan to see how they can best provide recommendations. 	
SCFAC to LCFAC Interface task Team	<ul style="list-style-type: none"> • Sue Guy stated that the task team is going to develop a very focused and short survey to gather feedback from the local CFACs. The conference calls are providing very helpful feedback. The local CFACs and SCFAC have agreed to hold the monthly conference calls until the budget is finalized. 	
Services Task Team	<ul style="list-style-type: none"> • Laura Keeney will follow up with Becky Ebron on NC-TOPPS recommendations. Plus, she is going to check with Shealy Thompson to see what the task team needs to do for the Provider Performance Report under development. 	
ELT Meetings	<ul style="list-style-type: none"> • SCFAC Members adjusted the ELT meeting schedule: <ul style="list-style-type: none"> ○ March 22-Nancy Black, Chair Budget Task Team ○ April 26 - Laura Keeney, Chair Services Task Team ○ May 24- Paul Russ, Chair Plans Task Team ○ June 28 - Rosemary Weaver 	
External Advisory Team Meetings	<ul style="list-style-type: none"> • Nancy Black motioned (Mark Long 2nd) that SCFAC respectively resign from the EAT meeting. The motion passed. 	Nancy Black will draft the resignation letter and Rosemary Weaver will sign it.
Next Meeting Date	<ul style="list-style-type: none"> • The next meeting is scheduled for May 12, 2011 from 9:00-3:00 P.M. The 	

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	meeting will be held in the Four Sisters Room at the Clarion Hotel State Capital, 320 Hillsborough Street, Raleigh, N.C.	
May 2011 Meeting Agenda	<ul style="list-style-type: none">• Approval of the Agenda• Approval of the March 2011 minutes• Public Comments/Issues• Discussion with Division Leadership• DHHS Appropriations Committee Member• Waiver Update• Task Team Work Sessions• Task Team Update• July 2011 Agenda	